

Law Enforcement Coordinating Committee

DRUG HOUSE SURVEY

Street address of suspected d	rug house:		
Brief description of the drug h	ouse (Color, location on block	, 1 or 2 story):	
Ano thoug coutoin times when		J-2	
Are there certain times when Mornings? Afternoons? Certain day(s) of the week?	Evenings? Weekend Which ones(s)?	s?	
Beginning of the month?	End of the month?		
Where are drugs sold?front doorback doorright side windowle	right side doorle ft side window other		
Average number of visitors in	3-hour period:		
Average amount of time that	visitors stay at house:		
Describe security at this house Boarded windows Guards - where?	ars on windowsReinford		_
Guard dogs - where?			<u> </u>
Other security - describe:_			_
Names and any nicknames (if their names, please give a des		lers at that address. (If y	ou do not know
1	3		
2	4		
What are they selling?			_
Cars visiting suspected drug h	ouse:		
Year and Make	<u>License Plates</u>	<u>State</u>	
	NEEDED. WRITE ON A SEPARA	TE PIECE OF PAPER	

Return to the <u>United States Attorney's Office</u>, 750 Missouri Avenue, Suite 362, East St. Louis, IL 62201

Gang Survey

What is the name and/or nickname of any suspected gang member?
Where does the suspected gang member live? (Please provide complete street address)
What is the name of the gang he/she belongs to?
What type of clothing, including hat, does the suspected gang member wear? (For example, specific colors, sports teams)
Where does the suspected gang member hang out? (Please provide specific locations)
What are the names and/or nicknames of the suspected gang members friends?
Does the gang use any hand signs? If so, please describe.
What are the names of any rival gangs?
What types of crimes is the suspected gang member committing?
Please provide any other information you may have regarding gangs:

If you wish to provide your contact information, you may do so, but you do not have to do so.

IF NEEDED, WRITE ON A SEPARATE PIECE OF PAPER

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OR CALL SHERIFF'S "DIME"LINE – 1-800-640-3463